

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Township</u> <u>0110</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Belt Highway and Fred Ave</u>			
3. NAME OF DECEASED (Type or Print) <u>Earnest</u>		a. (First) <u>Ward</u>		b. (Middle) <u>Miller</u>		c. (Last)	
4. DATE OF DEATH <u>Jan. 7, 1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	
8. DATE OF BIRTH <u>Apr. 16, 1884</u>		9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>high skilled butcher</u>		11. BIRTHPLACE (State or foreign country) <u>Custer County, Nebr.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Marcus Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte J Palmer</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-22-8384</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L.L. Thomas, St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>XXXXXXXXXX</u> DUE TO (c) <u>XXXXXXXXXX</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>X XXXXXXXX</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXXXXXX</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXX</u>		21e. INJURY OCCURRED WHILE EAT <input type="checkbox"/> NOT WHILE EAT <input checked="" type="checkbox"/> <u>XXXXXX</u>		21f. HOW DID INJURY OCCUR? <u>XXXXXX</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 4, 1951</u> , to <u>Jan. 7, 1951</u> , that I last saw the deceased alive on <u>Jan. 6, 1951</u> , and that death occurred at <u>ca. 4 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dwain W. Strain, MD</u>				23b. ADDRESS <u>Tootle Building St. Joseph, Missouri</u>		23c. DATE SIGNED <u>1-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 15, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Castle</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Barry Funeral Home, St. Joseph, Mo.</u>			

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 23 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Victor Barry.....

Licensed Embalmer No. 4212

P. O. Address St Joseph mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.